

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

3 COMMITTEE NAME

BEXAR SAFE WATER

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 6949

San Antonio, TX. 78209

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

HANS

R. F.

NICKNAME LAST SUFFIX

HELLAND

OFFICE USE ONLY

Date Received

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8700 Crownhill, 5-502

San Antonio, TX 78209

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 6949

San Antonio, TX 78209

- ☐ Same as Above
☐ Change of Address (from Form STA)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 828 2625

9 REPORT TYPE

- ☐ January 15
☒ July 15

- ☐ 30th day before election
☐ 8th day before election
☐ Runoff

- ☐ Exceeded \$500 limit
☐ Dissolution (attach SPAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

1 / 16 / 01

THROUGH

Month Day Year

7 / 16 / 01

11 ELECTION

ELECTION DATE
Month Day Year

/ /

ELECTION TYPE

- ☐ Primary ☐ Runoff ☐ General ☐ Special

GO TO PAGE 2



SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**
BEKAR SAFE WATER

 CITY OF SAN ANTONIO
CITY CLERK

13 ACCOUNT #
(Ethics Commission filers)

**14 NO REPORTABLE
ACTIVITY**
☐

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION
TOTALS**

 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

 \$ 230.00

 2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

 \$ 4215.00
**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

 \$ —

4. TOTAL POLITICAL EXPENDITURES

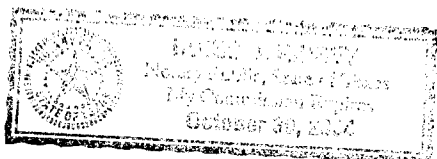
 \$ 300.00
**OUTSTANDING
LOAN TOTALS**

 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

 \$ —
16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of campaign treasurer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hans R. F. Helland, this the 16th day of July, 19 ~~20~~ 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Doris D. Kinsey Notary Public, State of Texas

Print name of officer administering oath

Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

BEXAR SAFE WATER

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/10/01

5 Full name of contributor

MATTHEW BYNUM

☐ out of state PAC

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

430 Beryl
SA, TX. 78213

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/10

Full name of contributor

Kristen Anderson

☐ out of state PAC

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

520 Furr Dr.
SA, TX. 78201

Principal occupation (Optional)

Employer (Optional)

Date

2/10

Full name of contributor

William Mallow

☐ out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10041 Rafter 5 Trail
Helotes, TX 78023

Principal occupation (Optional)

Employer (Optional)

Date

2/26

Full name of contributor

Leslie, Mary Duerler

☐ out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

14350 Marin Hollow
SA, TX. 78023

Principal occupation (Optional)

Employer (Optional)

Date

2/26

Full name of contributor

Harry Staszewski, Jr.

☐ out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3014 Patio Dr.
Erie, PA 16506

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

BEKAR SAFE WATER

3 ACCOUNT# (Ethics Commission filers)

4 Date

2/27

5 Full name of contributor

MRS. G.S. HICKS

☐ out of state PAC

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

315 Ware
SA, TX. 78221

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/22

Full name of contributor

Lillian Harrod

☐ out of state PAC

Amount of contribution (\$)

50.00
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1005 Spent Wing Dr.
SA, TX. 78213

Principal occupation (Optional)

Employer (Optional)

Date

3/22

Full name of contributor

Constance Clear

☐ out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

341 Elmhurst
SA, TX 78209

Principal occupation (Optional)

Employer (Optional)

Date

5/25

Full name of contributor

Sally Hoppstetter

☐ out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2306 Blanton
SA, TX. 78209

Principal occupation (Optional)

Employer (Optional)

Date

5/25

Full name of contributor

Joan Buerschinger

☐ out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

100 Carolwood Dr.
SA, TX 78213

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

BEXAR SAFE WATER

3 ACCOUNT # (Ethics Commission filers)

11 A 9:38

4 Date

5/25

5 Full name of contributor

M. Jean Scott

☐ out of state PAC

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

17311 Springhill Dr.
SA, TX. 78232

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/30

Full name of contributor

Marie Cowen

☐ out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 177
La Crosse, TX 78039

Principal occupation (Optional)

Employer (Optional)

Date

5/30

Full name of contributor

Ms. John Daggett

☐ out of state PAC

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

114 Dogwood Ln.
SA, TX. 78213

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

BEXAR SAFE WATER

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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